MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH
County: Buchanan
Township:
City: St. Joseph (No. Noys Hospital St. Ward)
Registration District No. 85
Primary Registration District No. 1001
File No. 9601
Registered No. 306

2. FULL NAME: Orange Brown
(a) Residence. No. 737 So. 5th St. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	Negro	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Tama Brown

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 1852

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
77	Unknown	Unknown	

8. OCCUPATION OF DECEASED: Laborer
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer): Laborer
(c) Name of employer: Laborer

9. BIRTHPLACE (CITY OR TOWN): Va
(STATE OR COUNTRY): Va

PARENTS
10. NAME OF FATHER: Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Unknown
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Unknown

14. INFORMANT: Hazel Cole
(Address) 1223 E. 22nd St. Kansas City Mo.

15. FILED MAR 7 1929 John G. Jotz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Mar. 4th 1929

17. I HEREBY CERTIFY, That I attended deceased from February 18, 1929, to March 4, 1929, that I last saw him alive on March 4, 1929, and that death occurred, on the date stated above, at 9 p.m. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
[illegible]
[illegible] Cerebral Hemorrhage
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY): Arterio Sclerosis
(duration) unknown yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: home
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Findings
(Signed) H. W. Cole, M. D.
3/5, 1929 (Address) 301 P. & S. Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
City Cemetery	3-7-1929
20. UNDERTAKER	**ADDRESS**
Ramsey Funeral Service	9th & Olive

N. B. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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